



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

ROWE et al.

Serial No. 10/806,682

Filed: March 22, 2004

For: Multi-Channel Filtering system for
Transceiver Architectures

Art Unit: 2681

Examiner: Not Assigned

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03/21/05

Date of Deposit

Ellen Pritsker

Name

 03/21/05

Signature

Date

PRELIMINARY AMENDMENT

Mail Stop PETITION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Before the first Office Action in this application, please enter and consider
the following amendments and remarks:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on
page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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For: MULTI-CHANNEL FILTERING SYSTEM FOR
TRANSCEIVER ARCHITECTURES

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

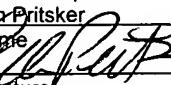
Dear Sir:

Transmitted in the above-identified application is the following items.

Preliminary Amendment.
 Version With Markings To Show Changes Made.
 Return postcard.

Art Unit: 2681
Examiner: Not Assigned

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 Date 03/21/05

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	28	-	0 **	8	LG=\$50 SM=\$25	\$ 200.00
INDEPENDENT CLAIMS FEE	3	-	0 ***	3	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
					TOTAL	\$ 200.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$____ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
 A check in the amount of \$____ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: 

Soyeon (Karen) P. Laub
Registration No. 39,266
Attorney for Applicant(s)

Date: March 21, 2005

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